DOCUMENT RESUME

ED 272 460 SP 027 837

TITLE Health Education Syllabus, Grades K-12.
INSTITUTION New York State Education Dept., Albany. Bureau of Curriculum Development.
PUB DATE 86
NOTE 82p.; For related syllabi, see SP 027 838-839.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Consumer Education; *Curriculum Development; Diseases; Drug Education; Educational Objectives; Elementary Secondary Education; Environmental Influences; *Health Education; Individual Development; Life Style; Nutrition Instruction; Public Health; Safety Education; *State Standards
IDENTIFIERS *New York

ABSTRACT

This syallbus was designed to provide local educational agencies with a framework for establishing a required health education instructional program in New York's public schools. This booklet explains the rationale for health education and the relationship of health education to the goals of the Board of Regents. Attention is given to program components, health education personnel, and using resources, as well as to planning, implementing, and evaluating a health education program. The syllabus also states the expected learning outcomes, including the goals, objectives, concepts, skills, and understanding of health education, and suggests a process for the organization and administration of the program. Eleven major conceptual areas within health education are covered in the syllabus: (1) human growth and development; (2) emotional health; (3) nutrition; (4) environmental health; (5) family life education; (6) diseases and disorders; (7) consumer health; (8) alcohol, tobacco, and other drug substances; (9) safety, first aid, and survival; (10) community health; and (11) healthful lifestyles. The syllabus is intended for use by administrators, program developers, and teachers. (CB)

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EDUCATION SYLLABUS Grades K-12

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Curriculum Development
Albany, New York 12234
1986

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ASSISTANT COMMISSIONER FOR ESC EDUCATION PLANNING AND SUPPORT SERVICES

February 1986

TO: Persons with Responsibility for Implementing Health Education Programs

FROM: Edward T. Lalor, Director, Division for Program Development
Michael C. Willie, Director, Division of Pupil Health and Fitness

This publication, *Health Education Syllabus: Grades K-12*, should serve as the basis for local curriculum development activities, such as:

- Review of State laws and regulations
- Review of current health programs
- Development of local health programs designed to meet the standards stated in the syllabus
- Selection of materials from each conceptual area at each level
- Articulation of local health program offerings from level to level
- Evaluation of program and students.

Concerns about a specific problem, such as drug misuse, smoking, teenage pregnancy, sexual abuse of children or sexually transmitted diseases have led, in the past, to a fragmented curriculum dominated by a single topic. Far more effective than a "Disease of the Month" program, would be a comprehensive, sequential treatment of an issue integrated into a well-designed curriculum plan. For example, a disease such as AIDS would be taught as part of the materials covered each year, in such areas as:

- Family Life Education
- Diseases and Disorders
- Alcohol, Tobacco and other Drug Substances
- Community Health
- Healthful Lifestyles.

This syllabus provides for shifting priorities without losing the basic context or the opportunity for progression and reinforcement.

HEALTH

EDUCATION
SYLLABUS
Grades K-12

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Curriculum Development
Albany, New York 12234
1986

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FOREWORD

The *Health Education Syllabus: Grades K-12* provides local educational agencies with a framework for establishing a required instructional program in health education. It explains the rationale for health education and the relationship of health education to the Regents Goals. It states the expected learning outcomes, including the goals, objectives, concepts, skills, and understandings of health education, and suggests a process for the organization and administration of the program. This syllabus is intended for use by administrators, program developers, and teachers.

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OVERVIEW

One goal of education is to facilitate the development of students so that they may reach their potential. Students should be prepared to function effectively in a changing society. The educational process should be diverse enough to accommodate the differences in the cognitive, affective, and psychomotor development of each individual by providing an environment in which maturation can take place. Each student should have the opportunity to become a responsible, independent decision-maker who has positive feelings of worth for self and others. Each student should be prepared not only to survive in society but to be a creative, contributing member who will enjoy a positive life-style in a safe environment.

The health education, physical education, and safety education programs make an integral contribution to the educational process. The common responsibility of these programs is to provide opportunities for students to achieve the skills, knowledge and attitudes that will allow for the attainment of an optimal quality of life through the development and maintenance of total well-being. These programs should be essential components of the overall educational process, providing knowledge-based experiences through which responsibility, decision making, and confidence are constantly nurtured. Health education, physical education, and safety education must be taught within a curricular framework that focuses on the activities, skills, and competencies that are necessary throughout life.

The preventive orientations of health education, physical education, and safety education are specifically designed to achieve the highest level of well-being, allowing each student to become all he or she is capable of being. Each of these programs contributes to the learning experiences that will help achieve the goals and subgoals of the Board of Regents for the students of New York State.

PHILOSOPHY OF HEALTH EDUCATION

Health is a condition of well-being that is required for the development of each individual and for society as a whole. Health results from interactions among physical factors, mental and emotional reactions, and social context. It is influenced by the understandings, values, attitudes, beliefs, skills, culture, and behaviors of the individual and the environmental conditions, opportunities, and services provided by home and community. It is affected by patterns of resource development and distribution throughout the world and by the pressures of population growth. Health represents a balance within a dynamic system in relationship to the self, the environment, and the universe. As the system changes, individuals and communities must adapt to maintain this balance.

Health education enables individuals to maintain and promote health in a continually changing world, through the acquisition of understandings, attitudes and skills; it is an applied, multidisciplinary field that draws upon knowledge obtained from the biological, environmental, psychological, social, physical and medical sciences. Health education addresses the continuum from health promotion to risk reduction to the prevention and management of health problems.

There is growing recognition of the need to present a unified health education program in the schools. Concerns such as nutrition, family life education, substance abuse prevention, and the prevention of sexually transmitted diseases need to be addressed within the context of a comprehensive health education program. The methods to be applied to this include:

- Identification of needs and resources;
- Development of a curriculum which includes goals, objectives, concepts, attitudes, skills and behaviors;
- Continuity in sequencing and scheduling;
- Student involvement in learning;
- Positive environment conducive to learning;
- Recognition of individual developmental characteristics;
- Multidisciplinary integration and coordination;
- Mechanisms for health counseling and referral;
- Coordination of home, school, and community efforts.

Several broad goals may be identified for a comprehensive health education program:

- To develop awareness of the role of health in the lives of individuals, families, and the community;
- To nurture the development of attitudes that place a high value on optimal health;
- To foster the development of self-awareness and self-esteem;
- To provide students with the understandings and skills required to set goals, make informed decisions, and solve health problems;
- To enable students to deal effectively with change and take increasing responsibility for health.

There are many ways to organize a health education program. In this syllabus, 11 major conceptual areas have been identified. These 11 conceptual areas are defined in terms of the competencies needed for lifetime health maintenance and promotion:

I. Human Growth and Development – Knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage.

II. Emotional Health – Recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships.

III. Nutrition – Understanding the role of nutrition in the promotion and maintenance of health for establishing sound nutritional practices.

IV. Environmental Health – Recognizing that environmental factors have a direct effect on the health of the individual and of society and for taking actions that protect and improve the environment.

V. Family Life Education – Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

VI. Diseases and Disorders – Understanding diseases and disorders and taking actions to prevent or to limit their development.

VII. Consumer Health – Understanding the factors involved in consumer health for making wise decisions in selecting and using health information, products, and services.

VIII. Alcohol, Tobacco and Other Drug Substances – Understanding the factors involved in using drug substances appropriately and preventing abuse.

IX. Safety, First Aid, and Survival – Recognizing how safe environments promote health and well-being and learning procedures to reduce safety risks and respond effectively in emergencies.

X. Community Health – Understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community.

XI. Healthful Life-styles – Appreciating the need for responsibility and planning for developing and maintaining a healthful life-style.

Each of these conceptual areas is broken down into a series of K-12 objectives. The appropriate K-12 learner outcomes for each of these objectives are listed. In addition, grade-level learner outcomes have been developed in accordance with the developmental characteristics and interests of the student at each level (K-3; 4-6; 7-8; 9-12).

The emphasis given to health education goals, objectives, concepts, and learner outcomes and the methods used in program development should guide the district in establishing a K-12 health education program.

RELATIONSHIP OF HEALTH EDUCATION TO REGENTS GOALS FOR ELEMENTARY AND SECONDARY SCHOOL STUDENTS

The Regents Goals include skills and characteristics that each student should acquire through education. They describe what children in New York should be, should know, and should be able to do. Each child needs to develop self-confidence, a belief in the importance of learning, and a capacity for continued self-learning. In addition, self-discipline and a sense of decency and responsibility are expected. The relationship of health education to the Regents Goals for elementary and secondary students shows complementary and reinforcing skills and characteristics to meet these needs.

REGENTS GOALS	HEALTH EDUCATION
1. Each student will master communication and computation skills.	Communication skills are required for students to deal effectively with health-related needs; in health education, specific skills are acquired for interpreting health-related information, for constructive and assertive expression of emotions and ideas, for resolving conflicts, for group participation, and for building social networks.
2. Each student will learn methods of inquiry and knowledge gained through the . . . disciplines and use the methods and knowledge in interdisciplinary applications.	Health education provides students with methods of inquiry and knowledge derived from the natural and social sciences and with the skills needed to make application of this knowledge to human need.
3. Each student will acquire knowledge, understanding, and appreciation of the artistic, cultural, and intellectual accomplishments of civilization and develop the skills to express artistic talents.	Health education provides students with skills to develop self-awareness and an appreciation of the need for constructive self-expression; students also acquire an appreciation of and respect for cultural diversity related to health.
4. Each student will acquire knowledge about political, economic, and social institutions and procedures in this country and other countries.	Five of the 11 conceptual areas in health education are concerned with students acquiring an understanding of the relationships among political, economic, and social institutions and of their procedures relating to health matters.
5. Each student will respect and practice basic civic values and acquire the skills, knowledge, understanding, and attitudes necessary to participate in democratic self-government.	Health education provides students with the skills, knowledge, understanding and attitudes to assume responsibility for contributing to the promotion and maintenance of health in the community.
6. Each student will develop the ability to understand, respect, and accept people of different race; sex; ability; cultural heritage; national origin; religion; and political, economic, and social background and their values, beliefs, and attitudes.	The goals of health education include enabling students to develop self-esteem, to achieve an understanding of self and others, and to demonstrate an acceptance of others and a sensitivity to the feelings and needs of others.
7. Each student will acquire knowledge of the ecological consequences of choices in the use of the environment and natural resources.	One conceptual area in health education deals with the health-related consequences of choices in the use of the environment and natural resources. It provides for the

REGENTS GOALS	HEALTH EDUCATION
	acquisition of knowledge and understandings by students and seeks to involve students in finding and implementing solutions to health problems resulting from ecological imbalance.
8. Each student will develop general career skills, attitudes, and work habits and make a self-assessment of career prospects. Students not directly pursuing postsecondary education will acquire entry-level employment skills.	The conceptual areas in health education, enabling students to develop self-esteem, self-understanding, personal goal-setting and decision-making skills and skills related to adjustment and stress management are all essential to the selection and pursuit of a career. In addition, health education introduces students to a variety of health-related professions, and the program may offer students volunteer and/or apprenticeship opportunities in the community.
9. Each student will learn knowledge, skills, and attitudes that enable development of: 1) self-esteem; 2) the ability to maintain physical, mental and emotional health; and 3) understanding of the ill effects of alcohol, tobacco, and other drugs.	This goal is the foundation of the health education program. Health education provides students with the knowledge, skills, and attitudes to make decisions about health, to engage in behaviors that are conducive to health, and to take actions that promote health for themselves, their families, and the community.
10. Each student will develop a commitment to lifetime learning with the capacity for undertaking new studies, synthesizing new knowledge and experience with the known, and refining the ability to judge.	Health education addresses this goal by providing students with the knowledge, attitudes, and skills necessary to continually adapt to changes in development, environment, and emotional and social contexts and by encouraging students to set personal goals for lifetime health and assume responsibility for meeting and adjusting these goals.

PROGRAM COMPONENTS

The health education program consists of interrelationships among the school, community, and home. A list of component categories is presented in this section. A selection of mutually reinforcing areas from all three components will provide a synergistic effect and is necessary to achieve the goals of the program. The selection process can be decided locally in accordance with basic requirements, health concerns, and school and community resources.

SCHOOL COMPONENTS

Healthful school environment. The school environment may be defined as all conditions and influences affecting children at school – physical, emotional, and social. A healthful school environment is the result of planning and effort. It includes the provision of safe, sanitary, and aesthetic surroundings; a positive emotional and social atmosphere; and provisions for removing or minimizing sources of stress. Aspects of the school environment affecting health may include:

- Building construction safety, accessibility, and materials;
- Lighting and acoustics;
- Heating and ventilation;
- Water supply and waste disposal;
- School food services;
- Student services;
- Clarity, fairness, and enforcement of policies;
- Accuracy and confidentiality in handling of student records;
- School calendar organization;
- Daily scheduling and grouping of students;
- Academic and social pressures;
- Fairness of assignments and grading;
- Opportunities for student involvement and leadership;
- Recognition and handling of existing or potential health-related problems;
- Operation and coordination procedures for all school staff in addressing health-related problems;
- Establishment of interpersonal relationships conducive to health.

Responsibility for the creation and maintenance of a school environment that promotes health is shared by the Board of Education, school administrators, faculty, staff, the architect, students, parents, and the community.

Administration and Coordination. Basic administration and coordination of the health education program are required by Education Law and Commissioner's Regulations. There should be a budget designated for health education, with budgeting recommendations made by the Health Coordinator. Staffing patterns should be adequate to meet instructional needs. A district needs assessment is necessary to provide a justification for local program direction. Written policies and procedures are required for handling students and employees who use and abuse alcohol, tobacco, and other drugs (Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools, June 1979). The support and cooperation of the school administration and the quality and extent of program coordination and management within the schools and community are important determiners of program effectiveness.

Instructional Program. The instructional program is a sequentially designed and coordinated K-12 curriculum in health education with interdisciplinary elements supportive of mutual objectives. The instructional program should:

- Provide students with health-related knowledge and skills;
- Develop attitudes fostering a desire to pursue healthful living;
- Provide opportunities and guidance to enable students to make healthy decisions and establish behavioral patterns for healthy life-styles; and
- Provide opportunities and guidance to enable students to solve health-related problems as they arise.

Elective courses for more comprehensive learning relating to specific health concerns, such as weight control, Cardiopulmonary Resuscitation, education about death and grief, assertiveness, or choosing a marriage partner can reenforce the basic curriculum.

The definition of health education in the regulations includes Concepts I-IV and VI-XI as outlined in this syl-

labus. Concept V, Family Life Education, is a local option. Schools planning to initiate family life education programs, whether as an integral part of health education or as a supplemental program, should do so with full disclosure to, and involvement of, parents and the community. Failure to take the necessary procedural steps to prepare, involve, and perhaps educate parents and community members is the most common cause of conflict and failure in implementation of a family life education program.

Parents may seek exemption for their children from specified portions of the instructional program that are determined by the Commissioner of Education to conflict with the tenets professed by their religious organization in accordance with the procedures outlined in Section 16.2 of the Rules of the Board of Regents. Districts may also develop procedures for the exemption of individual students from family life education on parental request.

An adequate instructional program also requires the provision of inservice opportunities to expand teacher competencies in health education.

Student Involvement Programs. Peer group leadership programs are used to provide positive role models for students, particularly in substance abuse prevention. Student volunteer programs provide experience with community health-related careers and services and foster development of social responsibility. Student support and discussion groups may be organized through the cooperation of health education, health service, and student personnel service staff. Group leaders should have counseling skills and specific training in the area addressed by the group. To attract and fully involve students in support groups, they should focus on broad, common concerns, such as stress management, stopping smoking, or conflict resolution. Student discussion groups can be organized and led by the students themselves, without direct faculty involvement, but procedures should be established for approval of discussion topics, assignment of a faculty advisor, facilities use, etc.

Supportive School Health Services. The school health service program presents numerous opportunities for individual health guidance and health counseling of students relative to specific health concerns. In addition, other services such as health appraisals and health screening can provide a means of detecting physical, emotional and social health problems and encouraging early care of such problems. The school health service staff may also provide health resource material for administrators, teachers, and individual students along with consultation and referral services. Coordination of health service functions with the classroom instruction is important for program consistency and responsiveness to student needs.

COMMUNITY COMPONENTS

Community Programs. Students constantly receive messages about health in the community and home environments, as well as at school. The school health education program should help students assess the validity of various community sources of health information. It should also assist students in identifying specific health-related services within the community, in learning how to use those services effectively, and in realizing their own potential for improving the quality of community health services and of the community environment as a whole. Community service agencies may also provide opportunities for students to become involved in youth-oriented programs.

Educational Support. Many community groups take an interest in health concerns and may provide significant support to the school health education program. Health-related agencies and organizations frequently publish pamphlets on health topics or offer promotional programs that could be tied in with classroom instruction; they may also employ health educators and develop instructional aids for schools; some even offer training programs for teachers. Effective use of, and coordination with, community resources and agencies is the greatest potential source for school health program enrichment.

Coordination Among Agencies. Community professionals and agency representatives should be invited to serve on school committees related to policy development, to program and curriculum development, and for the review of materials. Community experts should be encouraged to make presentations to school boards, school administrators, and other appropriate school audiences in support of the health education program. This type of community coordination provides an organizational structure in which community agencies and the school can work together to achieve objectives, identify gaps, and avoid duplicating services while increasing the efficient and effective use of existing resources for health education.

HOME COMPONENTS

Supportive Home Environments. The family can enhance the health status of all its members. A support-

ive and nurturing home environment provides its members with security, love, a sense of caring, self-esteem, identity, and values that contribute to good health and a positive outlook on life. Here students can learn by example, gain insight, and practice the positive behaviors that enhance health.

School-Community Sponsored Programs for Families. Parenting programs, parent-child communication seminars, neighborhood seminars and parent support groups are some of the possible methods schools and community organizations can pursue to assist parents in bringing up children. School health education staff can make valuable contributions to these programs, including considerations of health factors that may be overlooked by non-health-related personnel and the implications of these factors for emotional, social, and physical growth and development.

Educational Support. Parents should be actively involved in supporting the learning that takes place in the classroom and tying this learning to the home environment. The school health education program should include activities that bridge home and school components at each level.

Parent Involvement in School Programs. Parents have a vested interest in the health education program, because it has a direct influence on the health and the functioning of children. Whenever possible, parents should be encouraged to become involved in various aspects of school programming, not only to help give schools a better sense of direction for planning but also to acquire a greater degree of school "ownership" and to influence school responsiveness to individual preference. Such involvement in school programming can take place in a variety of ways, e.g. , participation on home/school/community advisory councils, parent volunteer programs, and the educational support activities discussed previously.

HEALTH EDUCATION PROGRAM COMPONENTS

SCHOOL COMPONENTS

Healthful School Environment

- Building safety, accessibility, and cleanliness
- Pleasant and stimulating surroundings
- School morale and interpersonal relationships
- Provisions for correcting or minimizing sources of stress

Administration and Coordination

- Health education budget
- Health Coordinator
- Needs assessment
- Statement of philosophy, goals and objectives
- Written policies and procedures
- Administrative support

Instructional Program

- Sequential curriculum (K-12)
- Interdisciplinary integration, coordination, and support
- Staff inservice
- Elective courses (weight control, death and grief education)
- Supplemental programs (family life, child nutrition)
- Exemption from certain portions

Student Involvement Programs

- Peer-group leadership
- Student volunteer programs
- Student support and discussion groups

Supportive School Health Services

- Appraisals and screening of individual health status
- Individual health guidance and health counseling
- Consultation and referral
- Coordination with classroom instruction
- Resource material

COMMUNITY COMPONENTS

Community Programs

- Involvement of community religious, political, and business groups
- Fund raisers
- Involvement of voluntary and official health agencies
- Involvement of professional societies and organizations
- Involvement of social-welfare agencies

Educational Support

- Dissemination of information to the public, including parents, schools, and students
- Resource persons for schools
- Instructional aids for schools
- Inservice programs for staff

Coordination Among Agencies

- Effective relationships with the schools
- Coordinated referral, counseling and treatment programs
- Educational efforts

HOME COMPONENTS

Supportive Home Environments

- Supportive and nurturing families
- Positive role models
- Self-esteem, identity, and values

School-Community Sponsored Programs for Families

- Parenting awareness programs
- Neighborhood seminars
- Effective parenting programs
- Parent support groups
- Communication skills training programs
- Parent-child discussion groups

Educational Support

- Activities that bridge home and school
- Reinforcement of school learning
- Parent-child-teacher contracts

Parent Involvement in School Programs

- Participation on home/school/community/advisory council
- Parent volunteer programs
- Parent-teacher organizations

HEALTH EDUCATION PERSONNEL

THE SCHOOL HEALTH TEAM

The school health team includes all faculty members whose responsibilities are associated with promoting and maintaining health. Members of the school health team vary with each district and may include a Health Coordinator, one or more building coordinators, health educators, school nurse-teachers, school nurse-practitioners, school nurses, a school physician, a supervising dentist, and dental hygienists.

Health Coordinator. While classroom teachers and health educators are primarily responsible for teaching the health education curriculum, the entire faculty of the district must cooperate if the goals of the health education program are to be realized. Commissioner's Regulations specify the appointment of a Health Coordinator and the tasks required for implementation, and conduct of the health education program necessitate it.

A Health Coordinator can greatly facilitate the process of implementing and coordinating an effective health education program. The Health Coordinator insures that the program makes use of community resources and is conducted with the cooperation of community health-related agencies, provides for interdisciplinary coordination, is sequentially coordinated, and represents a unified response to school and community health concerns.

The Health Coordinator may be a certified health education teacher or a school nurse-teacher. Experience in administration and in working with community health-related agencies and parent groups is valuable preparation for the coordinator. In some districts, population size and program complexity indicate the need for a full-time coordinator; in other districts, only a part-time coordinator may be required. The Health Coordinator may organize and chair or serve on health education and curriculum committees.

Health Educator. The health educator is certified to teach health and works closely with the Health Coordinator and other members of the school health teams implementing a comprehensive health education program, serves on curriculum and health education committees, and may provide special student, faculty, and parent programs. The health educator also provides consultation to other classroom teachers and may provide inservice education.

School Nurse-Teacher. The school nurse-teacher is a registered professional nurse who is also certified to teach health-related subjects. The school nurse-teacher provides health care with a major emphasis on individual health teaching, counseling and consultation, and on identification of learners with actual or potential health-related needs. The school nurse-teacher works cooperatively with the Health Coordinator, health educators, and classroom teachers, serving on health education committees, and participating in staff awareness and inservice programs, in parent education programs, and on Committees on the Handicapped. The school nurse-teacher can also provide classroom teachers with assistance in planning, implementing, and evaluating health education activities and resources.

School Nurse-Practitioner. The school nurse-practitioner is a registered professional nurse with additional educational preparation in the provision of preventive and primary health care services to students. In addition to the functions performed by the school nurse-teacher, the school nurse-practitioner may provide physical examinations, and primary care for minor injuries and illnesses and implement a health management program for children with developmental disabilities and other health-related problems in coordination with parents, physicians, and the Committee on the Handicapped, where appropriate.

School Nurse. The school nurse is a registered professional nurse but is not responsible for health education or counseling. However, the school nurse can provide valuable information to the Health Coordinator and teaching staff regarding significant health problems existing among students and staff. This information may be useful in adjusting the educational program to specific local needs. Other responsibilities of the school nurse include the provision of selected health services, and emergency care and the maintenance of school health records.

School Physician. The school physician is responsible for a variety of health services offered by the school district. The school physician may also serve on a health education committee, provide assistance in identifying health issues that should be addressed by the instructional program, participate in the health education

evaluation process, and serve on the district's Committee on the Handicapped, providing medical examinations or interpreting the medical reports and health needs of students suspected of having a handicapping condition.

Supervising Dentist and Dental Hygienists. School districts that employ one or more dental hygienists must employ a supervising dentist. Although the major responsibilities of these staff members relate to the prevention of student dental health problems on an individual basis, they are also involved in health education activities as they affect the entire student body. In this capacity, they are members of the school health team.

OTHER PERSONNEL WITH HEALTH EDUCATION RESPONSIBILITIES

Administrative Staff. The support of school building and district administrators is essential to the achievement of health education goals and objectives, because they are woven through the general school curriculum, and because health education requires the allocation of resources.

Classroom Teachers. Classroom teachers have the primary responsibility for health instruction in the elementary grades. District inservice is essential to enable all classroom teachers to provide health education for their students, use community and health personnel effectively, and recognize and refer students with health-related problems. Classroom teachers should serve on health committees and should meet periodically to update and coordinate grade-level materials and methods. They play a particularly vital role in linking the home and school through communications with parents and the active involvement of parents in the school program.

Student Personnel Staff. The director of Student Personnel Services, guidance counselors, school psychologists, school social workers, and youth outreach workers are in a position to provide supportive health-related counseling to students as individuals and in small groups. They are qualified to help students with special problems, either through in-school programs or referral to community-based resources. Student personnel staff may also serve on health education committees and act as resource persons for many health education activities.

Library Media Specialist. Education requires an adequate collection of books, periodicals, and media materials. The library media specialist is the heart of this instructional force. As the cost of these supplies rises, coordinated use between and within district buildings is essential. The library media specialist can keep track of resources for the classroom teachers and the health educator. When highly specialized resources are needed, the library media specialist can borrow them from other libraries in the resource network. In addition, the library media specialist can be most helpful in implementing interdisciplinary approaches to health education. The contact with all teaching staff and knowledge of many curricula can help to prevent duplication.

Parent Organizations. While parent organization representatives are not school personnel, they do play a critical role in supporting school health education programs. Parent organizations should be encouraged to appoint a health chairperson to act as a liaison for program planning and support. They can also be helpful in conducting parent and community awareness programs, sponsoring field trips and health fairs, volunteering for assistance in the classroom or nurse's office, and assessing the needs of parents, families, and children.

USING RESOURCES

ROLE OF THE LIBRARY/MEDIA CENTER

Libraries are able to contribute to the educational and recreational qualities of each student's life. Through a variety of resources, such as; novels, periodicals, newspapers, models, posters and audiovisual materials, libraries can be used to contribute to the health education curriculum.

The health education curriculum should include a broad base of materials and resources. Interactive use of media (such as computers, audiovisual equipment, self-made projects) should be encouraged. Emphasis should be placed on information-gathering skills for reasoning and problem solving. Effort should be made to promote knowledge and use of many types of media available and to arrange for access to media and technology. In applying library media resources, the individual needs and interests of all students should be taken into account.

One area in which cooperation between library media resources and health education can prove especially useful is in the development of interdisciplinary approaches to health education. Because of the myriad of topics upon which health touches, many resources of other disciplines can be incorporated into the health education curriculum. The library media center can be effective in coordinating efforts to break away from traditional, compartmentalized presentations and to show a cluster of skills and learnings that introduce students to a variety of ways of using information, thinking, and expressing knowledge.

Such projects are the dual responsibility of the teacher and the library media specialist. The health education teacher may assist in this effort, sharing information on:

- Projects being contemplated;
- Materials needed;
- Scheduling and location of resources;
- Budgetary priorities;
- Student capabilities;
- Networking resources;
- Agencies and institutions outside the school that could be used.

As these last two items indicate, a school district can expand its own resources by making use of materials loaned from other libraries within the State's school library system.

COMPUTER RESOURCES

Computer-assisted instruction can help students think in new and different ways and enable new dimensions of learning to be explored. It can be used to help motivate otherwise uninterested students and enhance self-esteem. In health education, computer applications can benefit students and school staff. Some of the possible applications for computers in health include:

- Health education staff – Curriculum design; course evaluation; grading; teacher-developed health instructional software for student use; and software selection for the health education program.
- Students – Health promotion games; health risk assessment; computer-assisted instruction on select areas in health education; problem solving for community health issues.
- Health service staff – Storage and retrieval of health indices in the student population; individual case management plans for students with multiple health problems; individual health instruction for specific problems; computerization of a child's individual cumulative health record.
- School staff – Health risk assessment; interdisciplinary health projects; and individualized health instruction.

Organizations

Resources are available from a wide variety of sources for developing, implementing, and evaluating a health education program. Federal, state, and local governments as well as professional and voluntary health and business organizations may be able to provide educational support services such as technical assistance, and health publications, including instructional aids and inservice. For assistance with program development and resources, schools may contact:

- Bureau of Health and Drug Education and Services
  New York State Education Department
  Albany, NY 12234
  518-474-1491
- Bureau of Curriculum Development
  New York State Education Department
  Albany, NY 12234
  518-474-5890

PLANNING, IMPLEMENTING, AND EVALUATING THE HEALTH EDUCATION PROGRAM

The responsibility for planning, implementing, and evaluating an effective district health education program lies with the district and building administration, the Health Coordinator, the Board of Education, students, parents, the community-at-large, and the teaching staff. At various steps in the process, this responsibility is shifted and shared, depending on the task at hand.

Facilitating the continuous process of planning, implementing, evaluating, and adapting a curriculum is the key function of the Health Coordinator or other designated individual charged with responsibility for the development of the district's health education program. Although there are similarities in the curriculum development process for any subject area, there are some factors that are special to health education, such as:

- Health education is a shared responsibility. Its success depends upon the cooperation of all school personnel and the participation of the home and community. It is not a subject taught only by certain teachers, nor is the curriculum planned and implemented solely by the Health Coordinator.
- Behavioral outcomes are as important as the acquisition of knowledge. This can make evaluation difficult, where the learner outcomes reflect behaviors that should occur later in the student's life. The development of a means to indicate trends may be the best evaluation method available to demonstrate program effectiveness. Attitudinal scales may be used in conjunction with measurements of knowledge and skills and behavioral changes should be noted.
- The knowledge base of health education is continuously changing with new discoveries, societal shifts, and changing values. Reasonable means for updating the knowledge base of school personnel are a necessity for a viable program.

Though the nature and content of health education in schools require a larger and more diverse group to be involved in curriculum planning, there are common procedures to be followed in the development of curriculum for any subject.

The suggested steps for undertaking this process are summarized below. The order of steps given may be modified according to local program status and needs:

- Designation of an advisory committee;
- Reviews of State laws, regulations, syllabus recommendations, and past and current education efforts;
- Needs assessment and establishment of priorities;
- Identification of instructional resources (school and community);
- Statement of health education philosophy;
- Statement of goals and objectives;
- Curriculum development and implementation;
- Staff inservice;
- School and community awareness;
- Evaluation;
- Ongoing curriculum updating and revising.

Designation of an Advisory Committee

An advisory committee should be appointed, consisting of those who will be affected by the decisions to be made. Specifically, health educators, health-related school personnel, elementary and secondary teachers, school administrators, health service personnel and curriculum developers. Parents, parent organizations, students, community agency representatives, and community members also need to be involved.

Some kind of organizational structure needs to be established. This will vary depending upon the size and complexity of the school district. It may be desirable to have separate groups for elementary and secondary levels. If so, it is essential to provide a means for regular communication between the two since the integration of the total curriculum is important.

The organization can be districtwide, building-centered, or limited to certain grade levels. It can be task-oriented, coordinative, or advisory in its function. It should fit the situation, have a clear charge, adequate resources and a reasonable time schedule.

Reviews

A survey of current materials is essential, and should be collected and made available for group discussion be-

fore the assigned task is undertaken. These might include:

- State laws, regulations, and recommendations affecting curriculum (see appendix);
- The New York State syllabus for health education;
- School board resolutions or recommendations;
- All existing health education curriculum used by the district for any grade level (including statements of philosophy);
- Any special health-related projects carried out in the district (health fairs, peer group programs, prevention projects, etc.).

Review of the health education programs in the district provides a basis for moving ahead and eliminates the necessity of redeveloping what already exists. It reveals whether or not minimum state standards are being met, thereby giving some direction to the process.

Needs Assessment and the Establishment of Priorities

The needs assessment is a vital part of educational planning and evaluation and a necessary prelude to curriculum development or improvement. Simply stated, it is the determination of what can and must be done to reach the condition desired – in this case improving, updating, or expanding the health education curriculum in specific ways. The motivation may come from a variety of sources; in health education it is often the concern about a specific growing problem that is the spur: drug misuse, smoking, teenage pregnancy, sexual abuse of children, sexually transmitted diseases, to name a few. In fact, anxiety about such problems has often led to a fragmented curriculum dominated by a single topic. Far more effective than a "Disease of the Month" program, would be a comprehensive, sequential treatment of an issue integrated into a well-designed curriculum plan. For example, a disease such as AIDS would be taught, as part of the materials covered each year, in such areas as:

- Family Life Education;
- Diseases and Disorders;
- Alcohol, Tobacco and other Drug Substances;
- Community Health;
- Healthful Life-styles.

This syllabus provides for shifting priorities without losing the basic context or the opportunity for progression and reinforcement.

The assessment of needs and resources is a crucial task. Without much effort, both hard and soft community and school data can be gathered. Several sources should be used:

- Data on community health and health-related problems – morbidity, mortality, environmental issues, etc. ;
- Data on social problems – unemployment, poverty, child abuse, etc. ;
- School data on student health problems;
- School data regarding referrals for child abuse, substance abuse, adolescent pregnancy, etc. ;
- Data on school problems such as absenteeism, suspensions, drop-outs, vandalism, etc. ;
- Surveys of student health-related needs and interests;
- Surveys of staff needs and interests;
- Survey of parent and community attitudes and values;
- Observation by school personnel.

The district needs assessment, once performed and ranked according to priorities, provides the basis for program planners and curriculum writers in selecting, from a broad range of possibilities, objectives and content to be included and emphasized, and the methods required to realize health education goals. The needs assessment process is also an excellent method of creating awareness of the complementary roles of school, community, and parents in addressing health education.

Identification of Instructional Resources (school and community)

Concurrent with conducting the needs assessment, resources within the school and community should be identified.

A survey form should be prepared for use in recording data on community agency and organizational resources. In addition to a list of specific resources the agency can provide, the form should record eligibility requirements for services, if any; procedures for resource access; costs, where applicable; address, telephone, and business hours of the agency; building accessibility; contact person(s); and notes on district experience in using the resources. City or county service directories may contain much of the community resource information required. School resources should be identified and listed by building and grade level, as well as by district. It is recommended that a resource directory be compiled for use by students, parents, and school staff, using information obtained from the resource assessments.

Statement of Health Education Philosophy

The next step is preparation of a statement of philosophy for the health education curriculum. The philosophy should be consistent with the philosophy of health education set forth in the State syllabus but should also reflect the specific needs and values of the school and the community. This philosophy will guide the curriculum development and evaluation process.

Statement of Goals and Objectives

Establishing immediate and long-term goals is most important. Take the time to identify priorities, being realistic about the time and other resources needed to achieve the goals. The ideal is a comprehensive, sequential health education curriculum from K through 12; taught by classroom teachers and secondary school teachers certified in health education; appropriately integrated with other subject areas; and the entire school-based curriculum supported and aided by the home and the community. In fact, many of the learning activities will be based outside of the classroom. Working toward such a positive situation is best achieved by short-term realistic objectives.

Curriculum Development

Curriculum development is a task that requires writers, time, space, references, guidelines, materials, and budget.

The writers select objectives; suggest content, methods, and activities; describe behaviors anticipated; and select materials to be used in the instructional program. Where topics or materials are controversial, it may be necessary for a subcommittee to review instructional aids and make recommendations to the Board of Education for their approval. Once developed, the curriculum should be piloted, evaluated, and revised, as necessary, before full implementation.

Staff and Community Awareness

Introducing a new health education curriculum, or revision, to school staff and community members is critical to gaining support. It is essential to present a clear picture about the need for the curriculum, the decision-making process used, the philosophy of health education adopted, the goals and objectives to be used, and the content to be stressed.

Curriculum Implementation

Staff responsible for implementation will need assistance in the form of inservice, technical assistance, and supervision. Feedback from the implementors is essential to determine if further revisions or clarifications are needed.

Evaluation

Evaluation is the process by which a district identifies the effectiveness of the program. It should focus on the components of the program such as: the objectives, the learner outcomes, the learning environment, and the community benefit.

Evaluation methods for health education may include:

- Observations;
- Anecdotal records;
- Objective tests (pre and post);
- Attitudinal inventories;
- Interviews;
- Surveys and questionnaires;
- Checklists;
- Health data analysis;
- Self-assessment;
- Teacher-developed tests.

The methods selected for a particular evaluation activity will vary according to the purpose of the task. In most instances, a combination of objective records and subjective judgments are used. When a variety of procedures are used and consistent patterns are observed, the evaluation is considered to be more reliable than when only one technique is used.

FRAMEWORK FOR AN INSTRUCTIONAL PROGRAM IN HEALTH EDUCATION

The syllabus should be viewed as a framework that allows for and encourages the diversity that results from local planning and implementation by school districts. The creation of an appropriate, districtwide, K-12 curriculum in health education will reflect the philosophy of the school system, emphasize specific community health concerns, and use available local resources. Though based on the same pattern, it will be individualized to the situation.

Eleven conceptual areas have been chosen to give general definition to the content of a comprehensive health education program for the schools of New York State, one that is designed to enable students to take responsibility for lifetime health maintenance. All health topics identified in Commissioner's Regulations, Section 135.1, are covered by these concepts, which identify the content that should be stressed within the instructional program.

The syllabus is the basis for designing or improving the curriculum. The concepts themselves are broad – each is a lifetime challenge. The school's role is to start the process of understanding, relating, and reaching decisions about health. Each conceptual area is intended to cover kindergarten through 12th grade.

The objectives listed for each conceptual area represent broad general statements of interest for the student. They should assist the district in setting forth these and other objectives for the student and are stated in terms of the student.

Each objective within a conceptual area has K-12 learner outcomes that build cumulatively to the objective. These outcomes indicate the knowledge, skill, or attitude that the student will need in order to achieve the objective. The K-12 learner outcomes should assist the district in selecting its own learner outcomes related to the objectives and the conceptual areas. The K-12 learner outcomes are stated in terms of what the student will be able to do.

In addition, under each conceptual area, an example is provided for one K-12 learner outcome based on the developmental abilities and interests of the student. These examples should assist the district in selecting and developing grade-level learner outcomes to engage the student in the learning processes needed to achieve the K-12 learner outcomes and the objectives in each conceptual area. Grade-level learner outcomes will need to be developed for each of the listed K-12 learner outcomes.

The conceptual areas, objectives, associated K-12 learner outcomes and specific grade-level learner outcomes serve as the framework for an instructional program and as a means of organizing the health education curriculum, K-12.

CONCEPTS, OBJECTIVES, AND LEARNER OUTCOMES

I. Human Growth and Development – Knowing the human body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health at each developmental stage.

Objectives	Learner Outcomes
• Know the structures and functions of the body.	• Identify the parts, organs, and systems of the body.
	• Describe how the parts, organs, and systems of the body function individually and collectively.
	• Describe how the senses influence personal response.
	• Define requirements needed for the optimum development and maintenance of the parts, organs, and systems of the body.
• Understand the characteristics and the natural progression of development in the human life cycle.	• Explain developmental changes that occur at given age levels, including normal variations.
	• Explain factors that may inhibit or alter development throughout the life cycle.
• Recognize the role of heredity in influencing human growth and development.	• Describe similarities and differences in human beings that are related to heredity.
	• Identify how inheritance may be a cause or a risk factor in the development of specific diseases and disorders.
	• Illustrate ways in which problems related to heredity can have an impact on the individual and society.
	• Illustrate ways in which problems related to heredity can be minimized.
• Appreciate the value of health in human growth and development throughout the life cycle.	• Propose ways in which physical and developmental needs can be met throughout the life cycle.
	• Share feelings about the way the body changes.
	• Describe how poor health may impair normal growth and development.
• Formulate healthful practices to enhance growth and development.	• Explain ways to take care of the body.
	• Explain ways to improve intergenerational communication and understanding

I. Human Growth and Development

Objective: Know the structures and functions of the body

K-12 Learner Outcomes: Identify the parts, organs, and systems of the body

The student will be able to:

K-3	4-6	7-8	9-12
Name major body parts	Describe the structure and function of the respiratory system	Describe the structure and function of the nervous system	Describe reproduction from conception to birth
Describe each of the senses			

II. **Emotional Health** – Recognizing the relationships among emotional reactions, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships.

Objectives	Learner Outcomes
• Analyze emotional health.	• Identify concepts associated with emotional health.
	• Outline the interacting factors associated with emotional health.
	• Relate emotional needs at various life stages.
• Recognize patterns of behavior that promote emotional health and sound interpersonal relationships.	• Explain the importance of self-understanding and self-esteem.
	• Identify ways in which human relationships can be improved.
	• Identify ways to manage stress and adjust to change.
	• Compare between constructive and destructive ways of behaving in response to feelings.
	• Explain how the decision-making process can be applied to resolve concerns and conflicts.
• Practice skills necessary for the development of emotional health and sound interpersonal relationships.	• Demonstrate an understanding and acceptance of self and others and a sensitivity to the feelings and needs of others.
	• Practice skills necessary for sustaining interpersonal relationships.
	• Use decision-making strategies to resolve conflicts with self, peers, parents, and authority figures.

II. Emotional Health

Objective: Practice skills necessary for the development of emotional health and sound interpersonal relationships

K-12 Learner Outcomes: Demonstrate an understanding and acceptance of self and others and a sensitivity to the feelings and needs of others

The student will be able to:

K-3	4-6	7-8	9-12
Describe feelings that occur in various situations	Describe constructive ways to express and control emotions.	Describe the elements of prejudice and how to minimize it	Describe ways to maintain self-esteem throughout life
Explain what it means to be a friend	Show consideration for the feelings of others who may be different	Describe supportive behavior to friends and peers	Demonstrate skills in conflict resolution

III. **Nutrition** – Understanding the role of nutrition in the promotion and maintenance of health for establishing sound nutritional practices.

Objectives	Learner Outcomes
• Recognize how nutrition is related to health.	• Relate food needs to life processes, developmental stages, activity levels, and individual characteristics.
	• Identify how poor nutrition can affect health status and lead to health problems.
	• Relate how food standards are applied to protect the quality of the food supply.
• Recognize that nutritional practices can be influenced by a variety of factors.	• Explain the personal, social, and cultural factors that influence food selections and eating patterns.
	• Relate how practices in food production and distribution affect society.
• Recognize the need to establish healthful nutritional practices.	• Relate food intake and activity levels to the maintenance of body weight.
	• Relate how negative nutritional practices can be altered.
	• Relate how individual nutritional needs can be satisfied and still contribute to health.
	• Relate the nutritional practices that need to be established to promote health.
• Demonstrate improvement in healthful nutritional practices.	• Analyze personal food selection and consumption patterns for unhealthful practices.
	• Modify diet, as necessary, to increase nutritional value.

III. Nutrition

Objective: Recognize how nutrition is related to health

K-12 Learner Outcomes: Relate food needs to life processes, developmental stages, activity levels, and individual characteristics

The student will be able to:

K-3	4-6	7-8	9-12
Identify the variety of foods that help children grow	Identify how the body uses food to maintain energy	Identify how fad diets can interfere with normal growth and development	Relate the food intake of an expectant mother to the health of the developing fetus
Relate food to the senses	Identify how protein foods assist growth	Relate the food needs of an athlete to those of a sedentary individual	Identify the relationship of food to physical fitness

IV. **Environmental Health** – Recognizing that environmental factors have a direct effect on the health of the individual and of society and for taking actions to protect and improve the environment.

Objectives	Learner Outcomes
• Recognize the environmental factors that influence the quality of life.	• Identify the personal, emotional, social, and physical elements of the environment that contribute to feelings of safety, well-being, and enjoyment.
	• Relate the concept of ecological balance to the survival of the individual and society.
	• Relate how destructive elements in the environment can threaten the quality of life.
• Recognize the need for protecting and improving the environment.	• Explain personal responsibilities for promoting environments that contribute to feelings of safety, well-being, and enjoyment.
	• Identify how individuals, community groups, and governmental agencies can protect and improve the environment.
	• Explain how technological changes have altered the environment.
• Take action to protect and improve the quality of the environment.	• Contribute to the improvement of home and community environments.
	• Protect the integrity of the environment.

IV. Environmental Health

Objective: Recognize the environmental factors that influence the quality of life

K-12 Learner Outcomes: Identify the personal, emotional, social, and physical elements of the environment that contribute to feelings of safety, well-being, and enjoyment

The student will be able to:

K-3	4-6	7-8	9-12
Identify some ways in which surroundings affect feelings	Relate what is meant by the terms emotional and social environments and distinguish these from the physical environment	Identify elements in the environment that result in feelings of security	Infer how individuals can be affected by remote environments
Identify how his or her senses interact with the environment to produce positive or negative feelings	Relate how the physical, social, and emotional elements of the environment affect feelings	Identify feelings produced by experiences with nature	Relate how the natural environment can contribute to feelings of well-being

V. **Family Life Education** – Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

Objectives	Learner Outcomes
• Appreciate the role of the family in society.	• Explain kinds of family structure and the roles and responsibilities of family members. • Describe responsibilities for establishing sound interpersonal relationships within the family. • Describe the role of family members, friends, neighbors, and community agencies in addressing family development.
• Demonstrate an understanding of human sexuality.	• Describe factors influencing sexual development. • Describe how individuals are sexual beings. • Describe the biological aspects of human sexuality. • Describe the sociocultural aspects of human sexuality. • Describe how feelings influence sexual behavior and relationships. • Describe choices in human sexuality related to personal and community expectations.
• Understand the responsibility of the family in providing a foundation for the health of succeeding generations.	• Identify characteristics of nurturing families. • Describe skills needed in preparing for marriage and for maintaining a marriage. • Describe behaviors important to prenatal care and development. • Relate child development needs within the family. • Explain the skills required for effective parenting.

V. Family Life Education

Objective: Appreciate the role of the family in society

K-12 Learner Outcomes: Describe the role of family members, friends, neighbors, and community agencies in addressing family development

The student will be able to:

K-3	4-6	7-8	9-12
Describe ways family members help each other	Describe ways in which parents are supportive of their children	Predict how families may change in the future	Describe ways in which community agencies assist families in crises
Describe how neighbors help each other	Describe how community agencies can help families	Describe the factors that influence family development	Describe ways in which family members can work together to resolve conflict

VI. Diseases and Disorders – Understanding diseases and disorders and taking actions to prevent or to limit their development.

Objectives	Learner Outcomes
• Understand diseases and disorders.	• Distinguish between wellness and illness.
	• Explain the factors associated with the development of diseases and disorders.
	• Explain the causes and symptoms of common diseases and disorders.
	• Explain the methods of prevention, detection, and control of diseases and disorders.
	• Explain the immediate and long-term effects of diseases and disorders on individuals and society.
	• Distinguish mental disorders from emotional health problems and from normal variations in human behavior.
• Understand the actions that are needed to prevent illness or minimize diseases and disorders.	• Explain the steps that can be taken to prevent disease.
	• Explain the steps that can be taken to minimize diseases and disorders.
	• Explain the resources that are available to deal with diseases and disorders.
	• Explain how risk factors associated with leading causes of morbidity and mortality in the population can be minimized through healthful practices.
• Take appropriate actions to prevent, control, and obtain necessary treatment for diseases and disorders.	• Take appropriate actions to prevent the development and spread of contagious diseases.
	• Take appropriate actions to reduce risk factors related to the development and control of diseases and disorders.
	• Identify and follow recommendations of community health-related agencies and professionals, where necessary.

VI. Diseases and Disorders

Objective: Understand the actions that are needed to prevent illness or minimize disease and disorders

K-12 Learner Outcomes: Explain how risk factors associated with leading causes of morbidity and mortality in the population can be minimized through healthful practices

The student will be able to:

K-3	4-6	7-8	9-12
Explain how exercise is good for the heart	Explain how cholesterol is a factor in the development of cardiovascular disease and why limiting its use is important	Describe the ways in which the risk of cancer can be minimized	Describe how sexually transmitted diseases can be prevented
Explain why limiting the use of salt is important to health	Explain why it is important not to smoke	Identify ways in which the risk of heart attack can be minimized	Describe factors in the work place that can contribute to the development of diseases and disorders

VII. Consumer Health – Understanding the factors involved in consumer health for making wise decisions in selecting and using health information, products, and services.

Objectives	Learner Outcomes
• Understand factors involved in selecting and using health information, products, and services.	• Relate how individuals are influenced in the selection and use of health information, products, and services. • Explain the social and economic factors inherent in health care consumerism. • Demonstrate how public and voluntary controls are applied in consumer health protection.
• Demonstrate sound practices in selecting and using health care products and services.	• Use appropriate criteria when selecting and using health care products and services.

VII. Consumer Health

Objective: Understand factors involved in selecting and using health information, products, and services

K-12 Learner Outcomes: Relate how individuals are influenced in the selection and use of health information, products and services

The student will be able to:

K-3	4-6	7-8	9-12
Identify persons who can help if illness occurs	Identify reliable sources of consumer health information	Interpret labels, advertisements, and claims for health care products	Identify factors that can influence the choice of health care products and services
Identify health care products that contribute to health	Identify how the media sells health care products	Identify criteria for selecting health care services	Explain "informed consent" in terms of health services

VIII. Alcohol, Tobacco, and Other Drug Substances – Understanding the factors involved in using drug substances appropriately and preventing abuse.

Objectives	Learner Outcomes
• Understand the physical, social, and emotional factors associated with substance use and abuse.	• Identify drug substances. • Distinguish among proper use, misuse, and abuse of drug substances. • Explain the psychosocial, cultural, and historic context of drug use and abuse. • Explain the short- and long-term effects of the misuse and abuse of various drug substances. • Explain signs and symptoms of substance abuse behavior in individuals, groups, and families.
• Understand the skills necessary to prevent substance abuse.	• Explain how positive interpersonal relationships can influence substance use. • Explain how self-esteem can influence substance use. • Explain how resolving conflicts with self, peers, parents, and authority figures can influence substance use.
• Understand individual and community interventions for dealing with substance abuse problems.	• Explain roles and responsibilities of individuals, communities, and government in controlling substance abuse problems. • Distinguish between effective and noneffective methods of preventing, controlling, and treating substance abuse problems.

VIII. Alcohol, Tobacco, and Other Drug Substances

Objective: Understand individual and community interventions for dealing with substance abuse problems

K-12 Learner Outcomes: Explain roles and responsibilities of individuals, communities, and government in controlling substance abuse problems

The student will be able to:

K-3	4-6	7-8	9-12
Explain why it is important to take medicine appropriately	Explain how families can assist a member with a substance abuse problem	Explain how a school may help prevent substance abuse problems	Distinguish between caring and punitive approaches in dealing with individuals who are substance dependent
Give examples of ways to help control substance abuse	Explain how individual behavior can control substance abuse	Explain how to be helpful to peers in the control of substance abuse	Explain why laws are necessary to protect the public from substance abuse problems
Identify people in the community who help to control substance abuse		Identify community agencies that help individuals with substance abuse problems	Identify how government controls the marketing of alcohol, tobacco, and other drug substances

IX. **Safety, First Aid, and Survival** – Recognizing how safe environments promote health and well-being and learning procedures to reduce safety risks and respond effectively in emergencies.

Objectives	Learner Outcomes
• Recognize a safe environment.	• Identify the ever changing hazards in the environment that have a potential for creating dangers, accidents, or risks to safety. • Identify factors that promote safe environments.
• Understand appropriate responses and procedures to follow in case of emergencies.	• Explain the actions to be taken in response to an emergency. • Explain measures to be taken to ensure survival in disaster situations.
• Recognize responsibilities for maintaining a safe environment.	• Explain rules of safety for various situations. • Identify patterns of behavior to maintain a safe environment. • Explain community responsibility for maintaining safety.
• Demonstrate safety practices.	• Develop skills in injury prevention and first aid.

IX. Safety, First Aid, and Survival

Objective: Recognize a safe environment

K-12 Learner Outcomes: Identify the ever-changing hazards in the environment that have a potential for creating dangers, accidents, or risks to safety

The student will be able to:

K-3	4-6	7-8	9-12
Identify the steps that can be taken if personal safety is threatened	Identify situations where personal safety may be threatened	Distinguish between hazards in the environment that are self-induced and those that are a result of the environment	Identify hazards resulting from transportation
Identify safety hazards in the home related to poisons	Identify recreational hazards that may produce accidents	Identify hazards resulting from improper use of the environment	Identify how risks to safety change in urban, rural, and suburban settings
Identify the potential safety hazards in toys			

X. Community Health – Understanding the importance of developing health services responsive to present and projected community needs and for becoming a contributor to the health of the community.

Objectives	Learner Outcomes
• Recognize how community health strategies promote and maintain health.	• Identify the community health resource structures for preventing, controlling, and treating health problems.
	• Relate health planning strategies to the resolution of health care problems.
	• Assess the adequacy of community health resources in meeting the needs of the community.
	• Comply with laws, regulations, and rules to protect public health.
• Contribute to community health promotion and maintenance.	• Relate how the individual, the family, and the community-at-large contribute to the promotion and maintenance of community health.
	• Contribute to community health efforts.

X. Community Health

Objective: Recognize how community health strategies promote and maintain health

K-12 Learner Outcomes: Relate health planning strategies to the resolution of health care problems

The student will be able to:

K-3	4-6	7-8	9-12
Identify how the school's health service can assist in resolving health problems	Relate how public health laws can be applied to resolve health problems	Recognize how diseases can create a social and economic impact on the community that requires a public response	Analyze community health problems and propose strategies for their resolution
Explain the role of the hospital in caring for persons with health problems	Relate how community agencies are part of the health planning strategies	Recognize how public health strategies can be applied in the resolution of health care problems	Identify the health planning strategies used at the local, state, national, and international level for resolving health problems

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XI. Healthful Life-styles – Appreciating the need for responsibility and planning for developing and maintaining a healthful life-style.

NOTE: This conceptual area brings together all of the previous learnings. Healthful life-styles consist of decisions over which the individual has control and which give students an opportunity to understand the relationship of their health practices to their well-being, by planning short- and long-term health goals and by practicing skills that will lead to self-directed, positive health behaviors.

Objectives	Learner Outcomes
• Understand the relationship between health practices and well-being.	• Explain the role of daily health practices in preventing health problems. • Explain how health practices are formed and how they can be changed. • Explain the role of risk factors and life-style choices in the development of health problems. • Explain the importance of assessing and providing for personal health needs such as nutrition, sleep, relaxation, exercise, recreation, and enjoyment.
• Demonstrate self-directed behaviors in managing health.	• Examine the advantages, disadvantages, risks and consequences of various life-style choices and/or health behaviors. • Propose interventions for risk reductions and health improvements. • Propose a personal health plan that is goal directed. • Practice healthful behaviors, e.g., stress management, positive interpersonal relationships, aerobic exercises, etc.

XI. Healthful Life-styles

Objective: Understand the relationship between health practices and well-being

K-12 Learner Outcomes: Explain the importance of assessing and providing for personal health needs such as nutrition, sleep, relaxation, exercise, recreation, and enjoyment

The student will be able to:

K-3	4-6	7-8	9-12
Give examples of activities that are fun and enjoyable to perform	Describe how personal health care practices contribute to well-being	Explain the relationship of relaxation to maintaining the equilibrium of the body	Explain how personal health needs can be integrated into an employment setting
List the activities that are performed daily that contribute to personal health	Explain the relationship of sleep to energy needs of the body	Describe the relationship of nutrition to human body performance	Explain how personal health needs established early in life can contribute to the quality of the aging process

INTERDISCIPLINARY APPROACHES TO HEALTH EDUCATION

Interdisciplinary instruction can assist a district to adequately cover health education objectives.

Health education as a discipline derives from several disciplines, cutting across the sciences and the humanities. Health education as a process can occur within the context of other subjects when mutual program objectives provide opportunities for interdisciplinary activities and adequate preparation is provided for the teachers conducting those activities.

Interdisciplinary activities can help students to see the relationships between traditionally compartmentalized subjects. Since health education addresses needs students take with them to every class, interdisciplinary health education should improve the relevancy of other disciplines to students. The reinforcement provided by each subject to the other(s) in these activities increases the gain in all subject areas.

A written curriculum is necessary to insure continuity and coordination within the health education program. The written curriculum is the checkpoint for program goals and objectives; for who does what, when, how, and why; and for insuring the program has sequence and continuity. Responsibility for the health education program should be assigned to appropriate persons at each level who will insure that interdisciplinary instruction is organized and coordinated. An interdisciplinary approach is shared among teachers; content is not just parcelled out. Steps need to be taken to insure that artificial relationships are not established between subjects and that teachers are not unwittingly duplicating content, reducing the efficiency of the health education program.

The planning committee should identify opportunities for using interdisciplinary approaches in the process of developing the district curriculum for regular and special education students. The Health Coordinator should take the lead in determining how the approaches will be implemented and providing necessary staff inservice. The support of school administration is important to the success of this approach. The manner of introducing the interdisciplinary concept to staff, particularly at the secondary level, should stimulate support and cooperation from all.

In some districts, packaged interdisciplinary programs may already be incorporated into the curriculum. These programs also provide interdisciplinary training for teachers. An interdisciplinary approach between each of the 11 health education conceptual areas and the other content areas is depicted on the following pages.

EXAMPLES OF INTERDISCIPLINARY ACTIVITIES FOR HEALTH EDUCATION

	I. Human Growth and Development	II. Emotional Health	III. Nutrition
ART	Draw body outline and locate parts and organs	Express feelings with color/form	Make illustrations of foods by groups
ENGLISH/LANGUAGE ARTS	Use terminology	Role-play different emotional situations	Read and interpret food labels
FOREIGN LANGUAGE	Learn roots used in medical terminology	Learn three complimentary phrases in another language	Identify non-English food names
HOME AND CAREER SKILLS	Develop vocational skills	Identify personal qualities important to a selected career	Practice culinary techniques
MATHEMATICS	Chart growth pattern	Make pie-graph of feelings	Calculate caloric needs and intake
MUSIC	Learn aerobic dance techniques	Identify emotions expressed in songs	Compose song jingles that encourage eating breakfast
PHYSICAL EDUCATION	Understand effects of exercise on the cardiovascular system	Describe emotions experienced in winning games	Cite relationships between nutrition and fitness
SAFETY	Prevent accidents and injuries to body parts	List mental health factors in accident prevention	List food poison prevention techniques
SCIENCE	Know physiology of body parts	Describe hormonal influence on emotional state	Identify relationship between moods and nutrition
SOCIAL STUDIES	Know important discoveries related to medical knowledge	Contrast institutional vs home/community care for persons with disabilities	Identify relationships between diet and culture
COMPUTER TECHNOLOGY	Take measurements of body functions	Examine feelings related to technology	Enter diet on a computer, for analysis
LIBRARY SKILLS	Use reference tools to research body systems functions	Locate information sources related to community mental health resources	Use reference tools to identify caloric value of foods

	IV. Environmental Health	V. Family Life Education	VI. Diseases and Disorders
ART	Interpret political cartoons on environmental issues	Make a personal photo album	Relate how individuals might be depicted in art form to convey a message of illness
ENGLISH/LANGUAGE ARTS	Take a position in a speech	Identify books to help one to better understand onself	Write a story about what it means to be ill
FOREIGN LANGUAGE	Research how to deal with health problems while traveling in foreign countries	Write to a pen pal about the family	Describe in another language how one feels with a common cold
HOME AND CAREER SKILLS	Propose a plan to prevent common home accidents	Relate shared family activities to the development of a sense of belonging	Relate the career opportunities that are available in the scientific and medical field to deal with diseases and disorders
MATHEMATICS	Calculate levels of pollution in water, air	Calculate cost of raising a child	Graph the national death rates from cancer and heart disease over the last 10 years and relate their significance
MUSIC	Analyze sound levels for listening to music	Play music that has meaning for your family	Describe how music can be a therapeutic tool in treating certain chronic disorders
PHYSICAL EDUCATION	Design a school playground to promote fitness	Plan and take a family outing	Describe exercises that tone the muscles and relate why these same exercises might be used with individuals in need of rehabilitation after a stroke
SAFETY	Identify safety hazards posed by dump sites	Develop a safety plan for children of working parents	Describe the safety rules for individuals working with radiation in a hospital setting

	IV. Environmental Health	V. Family Life Education	VI. Diseases and Disorders
SCIENCE	Compare the health hazards of various pesticides	Trace fetal development	Examine various pathogens under the microscope and relate them to diseases
SOCIAL STUDIES	Produce video tapes showing environmental hazards in the community	Describe how computers can be used in prenatal care	Select a chronic disorder and discuss what long-term effects it may have on society
COMPUTER TECHNOLOGY	Analyze environmental data to produce a community health profile	Describe a family of nonrelated persons	Describe how computer technology is applied in the field of medicine to determine the cause and effects of diseases and disorders
LIBRARY SKILLS	Study health factors in different countries	Identify the significance of the family unit in society	Select a common disease and use the library to identify the kinds and types of information that are available on the disease

	VII. Consumer Health	VIII. Alcohol, Tobacco, and Other Drug Substances	IX. Safety, First Aid, and Survival
ART	Design effective labels for hazardous products	Prepare an advertisement for a drug	Chart and create universal safety/hazard symbols
ENGLISH/LANGUAGE ARTS	Read and understand labels	Write a composition about an issue in substance abuse prevention	Outline first-aid techniques
FOREIGN LANGUAGE	Read menus and labels in another language	Read alcohol ads from non-English magazines	Ask for help in other languages
HOME AND CAREER SKILLS	Develop comparative buying skills	State effects of substance abuse on the family	List safe food storage techniques in the home
MATHEMATICS	Calculate an annual budget for health care products	Calculate rate at which individuals metabolize alcohol	Calculate the cost of running an ambulance for one year
MUSIC	Identify music techniques used to sell products	Describe the effects of substance abuse on musical performances	Describe techniques for ear health and safety
PHYSICAL EDUCATION	Evaluate fitness equipment	Describe effects of substance abuse on performance	Demonstrate first aid for common playground accidents
SAFETY	Evaluate the safety of health products	List consumer safety needs for use of medicines	Outline safety plan for natural disasters
SCIENCE	Select medication appropriately	Describe chemicals that can cause harm	List hazards and safety procedures for science labs
SOCIAL STUDIES	Cite lobbying techniques to change consumer laws	Explain effects of substance abuse on society	Describe a major disaster of the past
COMPUTER TECHNOLOGY	Analyze constraints on purchasing a computer	Graph, on computer, the use of alcohol by age levels	Identify safe procedures for equipment operation
LIBRARY SKILLS	Develop bibliography of consumer safety materials in library and store on disk	Use database to catalogue books on drugs	Show a film strip on first aid

	X. Community Health	XI. Healthful Life-styles
ART	Make a poster for a health organization	Create a poster on good dental health
ENGLISH/LANGUAGE ARTS	Communicate health messages to others	Write a poem about a health habit
FOREIGN LANGUAGE	Study the health care system in a foreign country	Describe health practices in other lands
HOME AND CAREER SKILLS	Locate child-care resources in the community	Explore a life plan for a health career
MATHEMATICS	Determine ratios of services provided by a given agency to a target population	Graph improvement in a fitness program
MUSIC	Research health messages for local radio station	Describe how music is relaxing
PHYSICAL EDUCATION	List recreational facilities in your community	Develop a life plan for physical fitness
SAFETY	Define practices for maintenance of safe water	Wear safety belt
SCIENCE	Cite health applications of medical research	Explain how stress affects the body
SOCIAL STUDIES	List community resources and accommodations for persons with handicapping conditions	Relate prevention to economic benefits for society
COMPUTER TECHNOLOGY	Catalog and code volunteer opportunities in the community	Develop a risk factor assessment program
LIBRARY SKILLS	Use the encyclopedia to learn about health problems in other countries	Show a movie about fitness

APPENDIX

STUDENTS WITH HANDICAPPING CONDITIONS

The Board of Regents, in revising the Part 100 Regulations of the Commissioner, has stated: "Each student with a handicapping condition, as such term is defined in Section 200. 1(ii) of this Chapter, shall have access to the full range of programs and services set forth in this Part to the extent that such programs and services are appropriate to such student's special educational needs." Districts must have policies and procedures in place to make sure that students with handicapping conditions have equal opportunities to access diploma credits, courses, and requirements.

The majority of students with disabilities have the potential to master the curricula content requirements for a high school diploma. Most students who require special education attend regular education classes in conjunction with specialized instruction and/or related services. These students must attain the same academic standards as their nonhandicapped peers in order to meet these requirements. For this reason, it is very important that teachers at all grade levels providing instruction through this syllabus be familiar with how the process of special education is implemented. This appendix will provide clarification as to how students with handicapping conditions participate in both regular and special education programs. The coordination and integration of both of these programs are essential for the benefit of all students.

Providing Special Education

A student who is suspected of having a handicapping condition that adversely affects the student's educational performance must be referred to the Committee on the Handicapped (COH) by either the student's parent; a professional staff member of the school, a physician; a judicial officer; the Commissioner or designee of a public agency with responsibility for welfare, health, or education of children; or the student, on his or her own behalf, if he or she is 18 years of age or an emancipated minor. The referral must be in writing.

The COH then must proceed to conduct an individual evaluation. This evaluation is a comprehensive assessment that is used by the COH to determine whether the student has a handicapping condition that adversely affects the student's educational performance. If the Committee on the Handicapped determines that the student is eligible for special education, the COH and the student's parents develop an individualized education program (IEP). This recommendation must include:

- Present levels of performance and individual needs according to the four criteria areas of academic, social, and physical development and management needs;
- Classification of the handicapping condition;
- Annual goals;
- Recommended program, class size, extent of participation in regular education;
- Projected date for initiation of special education, amount of time per day, and projected review date;
- Specialized equipment and adaptive devices;
- Testing modifications;
- Recommended placement.

Following the COH recommendation, the Board of Education (BOE) has 30 school days to arrange for implementation. After the student enters the program, a planning conference is held to complete the development of the individualized education program by adding short-term objectives and objective criteria and evaluation procedures for determining whether the instructional objectives are being met. The student's program is reviewed at least annually, and the student receives a comprehensive reevaluation at least every three years.

The entire process has corresponding timelines and due process procedures for each step.

As the Committee on the Handicapped makes its recommendation for appropriate programs and placements, careful consideration is given to the concept of the least restrictive environment. The concept of least restrictive environment has three key components:

- Special education needed by the student – This means that the recommended program of a handicapped student must meet his or her individual needs. This ensures that any placement into either special or regular education programs must be appropriate. If a student is recommended for participation in a regular education setting, then the student should be able to benefit from such instruction.

- Participation with nonhandicapped peers to the maximum extent appropriate – Consideration of this component ensures the integration of handicapped students with their nonhandicapped peers, whenever appropriate to their individual needs.
- Proximity to the student's place of residence – Consideration of this component maximizes the potential interaction between parents and school, as well as the student's interaction with other students in the home school area.

The concept of least restrictive environment is important for all educators to understand. Its intent is to include handicapped students in the total educational system whenever possible, but it also ensures that such placements must be appropriate. Therefore, any placements that would seem to be inappropriate should constitute a referral to the COH for reconsideration.

The teacher providing instruction through this syllabus has the opportunity to provide an educational setting that will enable the students to explore their abilities and interests. Instruction could be provided to handicapped students either by teachers certified in the subject area or by special education teachers. Teachers certified in the subject area would be providing instruction to handicapped students recommended by the COH as being able to benefit from instruction in a regular educational setting. Special education teachers may also provide this instruction to a class of students with handicapping conditions in a special class setting.

Teachers certified in the subject area should become aware of the needs of those students with handicapping conditions participating in their classes. Instructional techniques and materials must be modified to the extent appropriate to provide students with handicapping conditions the opportunity to meet diploma requirements. Information or assistance is available through special education teachers, school nurse teachers, guidance counselors, administrators, the Committee on the Handicapped, or a student's IEP.

Special education teachers providing this instruction must also become familiar with the goals and objectives of the curriculum. It is important that these teachers provide their students with the same or equivalent information contained in the curriculum.

Regardless of who provides the instruction, the cooperation between teachers of regular and special education programs is essential. It is important for the students as well as for the total school program.

Another consideration in assisting students with handicapping conditions to meet the requirements of regular education is the use of alternative testing techniques, as necessary. Handicapped students may be provided alternative testing techniques, as necessary, on statewide tests and district testing programs. The consistent use of alternative testing techniques, as necessary, is important for providing handicapped students the opportunity to demonstrate their knowledge and skills without being limited by their handicapping condition.

The coordination and cooperation of the total school program will assist in providing the opportunity for a greater number of handicapped students to meet the requirements needed to pursue a high school diploma. The integrated provision of regular education programs, special education programs, remediation, alternative testing techniques, modified teaching techniques and materials, and access to credit through alternatives will assist in enabling more students to pursue the high school diploma.

EDUCATION LAW, REGULATIONS OF THE COMMISSIONER OF EDUCATION, AND RULES OF THE BOARD OF REGENTS

The minimum requirements for school health education programs are set forth in the following laws, regulations, and rules:

- Education Law, Section 804;
- Commissioner's Regulations, Part 100, Sections 100. 2, 100. 3, 100. 4 and 100. 5;
- Commissioner's Regulations, Part 135, Sections 135. 1(j) and 135. 3;
- Rules of the Board of Regents, Part 16, Section 16. 2.

The requirement that each school develop and implement a set of written policies and procedures for dealing with students and employees who use and abuse alcohol, tobacco, and other drugs is set forth in the Regents Action Plan to Reduce Alcohol and Drug Abuse in the Schools (June 1979).

EDUCATION LAW
ARTICLE 17 – INSTRUCTION IN CERTAIN SUBJECTS

Section 804. *Health education regarding alcohol, drugs, and tobacco abuse*

1. All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco, and other drugs and promote attitudes and behavior that enhance health, well-being, and human dignity.

2. Instruction regarding alcohol, tobacco, and other drugs shall be included in the health education provided for all elementary school pupils and shall be taught by the regular classroom teachers or by teachers certified to teach health education. Such instruction shall be designed according to the need and abilities of the pupils at successive grade levels with the purpose of developing desirable health behavior, attitudes, and knowledge as well as self-reliance and problem solving capacity.

3. Instruction regarding alcohol, tobacco, and other drugs, in addition to continued health guidance in the junior high school grades and the senior high schools, shall be an integral part of a required health education course at each of these levels in the secondary schools curriculum. Any such course shall be taught by teachers holding a certificate to teach health. Related school courses in the secondary school curriculum shall be taught in a manner supportive of health education regarding alcohol, tobacco, and other drugs.

4. The commissioner may prescribe in regulations such health education courses which include instruction regarding alcohol, tobacco, and other drugs as he may deem necessary and desirable for the welfare of pupils and the community. The contents may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state.

5. School authorities shall provide the needed facilities, time, and place for the instruction set forth herein and shall provide learning aids and curriculum resource materials which contribute to effective teaching methods and learning in health education regarding alcohol, tobacco and other drugs.

6. All pre-service training programs in the state for elementary school teachers shall include adequate preparation regarding the instruction in alcohol, tobacco, and other drugs set forth herein, and no teacher shall be licensed except upon satisfactory demonstration of the competencies included in the institutional proposals approved by the education department.

7. Nothing contained in this section shall be deemed to diminish or impair the duties of the commissioner with respect to the continuing program for critical health problems established by chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven as amended. The commissioner shall coordinate actions taken under authority of this section with the provisions of said chapter as they relate to health education in schools, inservice training and training programs, and curriculum or syllabus development regarding the deleterious effects resulting from the use, misuse, and abuse of alcohol, tobacco, and other drugs.

COMMISSIONER'S REGULATIONS
SUBCHAPTER E
PART 100 – REGISTRATION AND APPROVAL

Section 100. 2 General school requirements.

(c) Instruction in certain subjects. Pursuant to Articles 17 and 65 of the Education Law, instruction in certain subjects in elementary and secondary schools shall be provided as follows:

(3) For all students, health education regarding alcohol, drugs and tobacco abuse, as required by section 804 of the Education Law;

Section 100. 3 Program requirements for students in grades pre-kindergarten through six.

(a) Pre-kindergarten and kindergarten programs in public schools and in voluntarily registered non-public schools.

(1) Each school operating a pre-kindergarten or kindergarten program shall establish and provide an educational program based on and adapted to the ages, interests and needs of the children. Learning activities in such programs shall include:

(vi) instruction in health education for students in kindergarten pursuant to section 135. 3(b) of this Chapter.

(2) Each such school operating a pre-kindergarten or kindergarten program shall develop procedures to actively involve each child's parents or guardians in such programs.

(b) Program requirements in grades one through six.

(1) Required subjects. During grades one through six, all students shall receive instruction in arithmetic, reading, spelling, writing, the English language, geography, United States history, science, health education, music, visual arts, physical education and, where student need is established, bilingual education and/or English as a second language.

(i) Instruction in health education shall be pursuant to section 135. 3(b) of this Chapter.

Section 100. 4 Program requirements for students in grades seven and eight.

(b) Course requirements in grades 7 and 8.

(1) Students completing grade 8 by June 1986 shall receive instruction in English, social studies, science, mathematics, physical education, health education, visual arts, music and practical arts.

(2) Except as otherwise provided herein, students completing grade 8 in June 1987 or thereafter shall have completed, by the end of grade 8, the following required instruction or its equivalent:

(viii) Health education, 1/2 unit of study, as required by section 135. 3(c) of this Chapter;

(7) The 1/2 unit of study requirement for health education specified in paragraph (2)(viii) of this subdivision may be provided in grade 6, provided that in public schools such subject shall be taught by teachers certified in health education.

Section 100. 5 Diploma requirements.

(a) General requirements for a Regents or a local high school diploma.

(1) Students graduating in 1986, 1987 and 1988 shall earn at least 16 units of credit or

their equivalent, as determined by the commissioner, to receive a local high school diploma and 18 units of credit or their equivalent, as determined by the commissioner, to receive a Regents high school diploma. Such units of credit shall include:

(v) health, 1/2 unit.

(2) Students graduating in 1989 and thereafter shall have earned at least 18 1/2 units of credit or their equivalent, as determined by the commissioner, in order to receive either a Regents or a local high school diploma. Such units of credit shall include:

(vi) health education, 1/2 unit of credit in accordance with the requirements set forth in section 135. 3(c) of this Chapter.

COMMISSIONER'S REGULATIONS
SUBCHAPTER G
PART 135

Section 135.1 *Definitions.*

(j) Health education means instruction in understandings, attitudes and behavior in regard to the several dimensions of health. This instruction relates to alcohol, tobacco and other drugs, safety, mental health, nutrition, dental health, sensory perception, disease prevention and control, environmental and public health, consumer health, first aid, and other health-related areas.

Section 135.3 *Health education.* (a) Provision for health education. It shall be the duty of the trustees and boards of education to provide a satisfactory program in health education in accordance with the needs of pupils in all grades. This program shall include, but not be limited to, instruction concerning the misuse of alcohol, tobacco and other drugs.

(b) Health education in the elementary schools. The elementary school curriculum shall include a sequential health education program for all pupils, grades K-6. In the kindergarten and primary grades, the teacher shall provide for pupil participation in planned activities for developing attitudes, knowledge and behavior that contribute to their own sense of self-worth, respect for their bodies and ability to make constructive decisions regarding their social and emotional, as well as physical, health. Personal health guidance shall also be provided according to the individual needs of pupils. This guidance shall include the development of specific habits necessary to maintain good individual and community health. In addition to continued health guidance, provision shall be made in the school program of grades 4-6 for planned units of teaching which shall include health instruction through which pupils may become increasingly self-reliant in solving their own health problems and those of the group. Health education in the elementary school grades shall be taught by the regular classroom teachers.

(c) Health education in the secondary schools. The secondary school curriculum shall include health education as a constant for all pupils. In addition to continued health guidance in the junior high school grades, provision shall also be made for a separate one-half year course. In addition to continued health guidance in the senior high school, provision shall also be made for an approved one-half unit course. Health education shall be required for all pupils in the junior and senior high school grades and shall be taught by teachers holding a certificate to teach health. A member of each faculty with approved preparation shall be designated as health coordinator, in order that the entire faculty may cooperate in realizing the potential health-teaching values of the school programs. The health coordinator shall insure that related school courses are conducted in a manner supportive of health education, and provide for cooperation with community agencies and use of community resources necessary for achieving a complete school-community health education program.

RULES OF THE BOARD OF REGENTS
PART 16
RULES RELATING TO ATTENDANCE

Section 16.2 *Exemption from health teaching.* A petition, duly verified, may be filed with the commissioner by a proper person authorized to represent a religious group on a statewide basis asking that the children of parents or guardians professing the religion of such group be excused from such part of the study in health and hygiene as may be in conflict with the tenets of the religion of such group. Such petition shall contain a statement setting forth the specific area of health and hygiene where such conflict is deemed to exist. The commissioner may consider such petition on the verified statements therein contained or he may direct a hearing thereon upon such notice as he may deem necessary and appropriate. If the commissioner shall find that there is a conflict, he shall make an order setting forth specifically such portion or area of the study of health and hygiene as he shall deem in conflict with the tenets of such religion. The commissioner shall thereupon direct the local school authorities to excuse, upon written request, the child of any parent or guardian professing such religion from the study of that part of health and hygiene which the commissioner found to be in conflict with such religion.

SUMMARY OF EDUCATION LAW, REGULATIONS OF THE COMMISSIONER OF EDUCATION, AND RULES OF THE BOARD OF REGENTS

REFERENCE	WHAT	WHO	HOW/WHERE	WHEN
Education Law, Section 804. Commissioner's Regulations, Part 100, Section 100. 2(c)(3)	Health education regarding alcohol, drugs, and tobacco abuse	Regular classroom teachers or teachers certified to teach health education	Included in health education for all elementary school students and designed according to the needs and abilities of the students at successive grade levels; for the purpose of developing desirable health behavior, attitudes, and knowledge, as well as self-reliance and problem solving capacity	Grades K-6
	Health education regarding alcohol, drugs, and tobacco abuse	Teachers certified to teach health	As an integral part of the required health education course	Grades 7-8 Grades 9-12
Commissioner's Regulations, Part 100, Section 100. 3(b)(1)(i)	Health education regarding personal health	Regular classroom teachers	A sequential elementary school program	Grades K-6
and			According to the individual needs of students	Grades K-6
Commissioner's Regulations, Part 135, Section 135. 3(b)			Planned activities for developing attitudes, knowledge, and behavior that contribute to self-worth, respect for their bodies and ability to make decisions about social, emotional, and physical health	Grades K-3

	Health education	**Regular classroom teachers**	**Planned units of teaching, including health instruction through which students may become increasingly self-reliant in solving their own health problems and those of the group**	**Grades 4-6**
Commissioner's Regulations, Part 100, Section 100. 4(b)(2)(viii), and Commissioner's Regulations, Part 135, Section 135. 3(c)	Health education, ½ unit of study	Teachers certified in health education	Health education course	Grades 7 or 8*
Commissioner's Regulations, Part 100, Section 100. 5(a)(2)(vi), and Commissioner's Regulations, Part 135, Section 135. 3(c)	Health education, ½ unit	Teachers certified in health education	Health education course	Grades 9-12
Commissioner's Regulations, Part 135, Section 135. 3(c)		Health coordinator		Grades 7-12
Education Law, Section 804, and Commissioner's Regulations, Part 135, Section 135. 3(c)	Related school courses are taught in a manner supportive of health education	Health coordinator	Related school courses	Grades 7-12
Rules of the Board of Regents, Section 16, Part 16.2	Exemption from certain portions of the instructional program	Students	Parent files a petition indicating that the parent belongs to a religious organization whose tenets conflict with those portions of the instruction from which they are seeking an exemption	Grades K-12

* Commissioner's Regulations, Section 100. 4(7) provide that the ½ unit of study may be provided in grade 6, provided that in public schools such subject shall be taught by teachers certified in health education

ADMINISTRATIVE CHECKLIST FOR PLANNING AND EVALUATION

ADMINISTRATION

	Yes	No
1. Is there an adequate health education budget?		
2. Has a home/school/community advisory council been established?		
3. Does the home/school/community advisory council meet periodically on a scheduled basis?		
4. Has a needs assessment been conducted for use in program planning?		
5. Has the district developed a statement of philosophy and goals consistent with State syllabus and local needs?		
6. Are the principles, goals, and practices of the health education program supported by school administrators?		
7. Has the district developed written policies and procedures for dealing with students who use or abuse alcohol, drugs, and tobacco?		
8. Do disciplinary procedures recognize that problem students are students who need help in solving problems?		
9. Is there an ongoing program for keeping parents and the community informed of what is happening in the district's health education program?		
10. Does the community support the school health education program?		
11. Do students with handicapping conditions have full access to the health education program?		

ENVIRONMENT

	Yes	No
12. Are building facilities safe?		
13. Are safety rules enforced?		
14. Are safe sanitary procedures followed?		
15. Are facilities adequate to accommodate program activities?		
16. Are facilities accessible to students with handicapping conditions?		
17. Are halls and classrooms aesthetically pleasing to students?		
18. Are there procedures for identifying and remedying sources of stress?		
19. Is there an atmosphere of cooperation and support among administration and staff?		
20. Is there an atmosphere of cooperation and support between students and teachers, administrators and other school staff?		
21. Is there a minimum of conflict between students and between student groups?		
22. Are cliques discouraged?		
23. Does the atmosphere foster the development of self-esteem in all students?		
24. Are students provided with opportunities for social experiences outside of school work?		
25. Are students assisted in identifying and becoming participants in social activities appropriate to their needs and interests?		
26. Do parents and community members feel that they are participants in the tasks of the school?		

PERSONNEL

	Yes	No
27. Is a qualified health coordinator employed by the district?		
28. Does the health coordinator have assigned time for performing coordination duties?		
29. Is the health coordinator responsible for coordination among all grade levels in the district and between school and community?		
30. Does the health coordinator perform other duties consistent with those outlined in the State syllabus?		
31. Are classroom and special education teachers teaching health education?		
32. Are ongoing inservice programs in health education provided for classroom and special education teachers?		
33. Are certified health educators or school nurse-teachers available to serve as resource persons for teachers?		
34. Are secondary health teachers certified to teach health?		
35. Are teachers and other staff trained in identification and referral procedures for students with health-related problems?		
36. Do teachers employ identification and referral procedures?		

CURRICULUM

	Yes	No
37. Has the district developed a written curriculum guide for health education?		
38. Is the curriculum based on a district needs assessment?		
39. Is health education regarding alcohol, drugs, and tobacco included in the curriculum as specified by Education Law?		
40. Is the curriculum comprehensive, and consistent with Commissioner's Regulations and with content and objectives outlined by the State syllabus?		
41. Does the district curriculum present a sequential program covering all grade levels?		
42. Are parents informed regarding curriculum objectives and content?		
43. Does the curriculum include activities that involve parents at all levels?		
44. Do curriculum objectives and content reflect the developmental needs and interests of the students?		
45. Does the district have an ongoing health education curriculum committee?		
46. Does the curriculum committee meet, at least annually, to make needed curriculum revisions?		

SCHEDULING

	Yes	No
47. Are planned health education activities provided for all students at each level in grades K-3 as a part of the instructional program provided by classroom teachers?		
48. Are planned units of teaching provided for all students at each level in grades 4-6 as a part of the instructional program provided by classroom teachers?		
49. Is 1/2 unit of study in health education required for all students in grade 7 or 8?		
50. If the 1/2 unit of study is scheduled in grade 6, that grade 7-8 course objectives are met at appropriate developmental levels; that the 1/2 unit of study supplements the planned grade 6 health education program; that the 1/2 unit of study shall be taught (in public schools) by certified health education teachers?		
51. Is 1/2 unit of credit in health education required for all students at the senior high level?		

COORDINATION

	Yes	No
52. Is the program coordinated among all grade levels?		
53. Is the secondary program coordinated with other disciplines?		
54. Do teachers of other disciplines interact effectively with health education staff?		
55. Is there effective coordination between the instructional program and school health and pupil personnel services?		
56. Is there effective coordination among school, home, and community?		
57. Is staff inservice provided in coordinating needs and methods?		

RESOURCES

	Yes	No
58. Is there a district budget earmarked for health education materials and media?		
59. Do teachers provide district resource personnel with information on desired materials and media?		
60. Does the school district have a variety of health education materials and media for use in the instructional program?		
61. Do teachers and resource personnel make use of available government and community resources?		
62. Are instructional materials reviewed and updated regularly?		
63. Do teachers and school librarians use nonfiction and fiction books for students in coordinated health education, language arts, and library skills instruction?		
64. Are all media reviewed prior to classroom use?		

EVALUATION

	Yes	No
65. Is there a mechanism for continuous program evaluation relating to health education goals and objectives?		
66. Are there both formal and informal procedures for assessing student progress?		
67. Are staff and students provided with opportunities and guidance in self-assessment?		
68. Are periodic surveys conducted to determine needs of students, parents, staff, and community?		
69. Is a checklist used to assess program progress periodically?		

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